

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number <b>C</b> C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH STREET NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Report ☒ 48-Hour Report
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y
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THROUGH

M	M	/	D	D	/	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS .....

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

17606.90

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Anne Saer

08/02/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	6

Mailing Address

555 Peters Avenue

Amount

6500.00

City

Pleasanton

State

CA

Zip Code

94566

Purpose of Expenditure

Consultant Fee

Category/  
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

Red Bear

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	6

Mailing Address

472 St John Street

Amount

1875.00

City

Pleasanton

State

CA

Zip Code

94566

Purpose of Expenditure

Office Rent

Category/  
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

AA Office Equipment

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	6

Mailing Address

244 40th Street

Amount

1609.50

City

Oakland

State

CA

Zip Code

94609

Purpose of Expenditure

Copier Rental

Category/  
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

(a) SUBTOTAL of Itemized Independent Expenditures .....

9984.50

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee  
MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	6

Mailing Address

1155 15th Street, N.W.

Amount

7622.40

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Printing Doorhangers

Category/  
Type

004

Office Sought:

☒

House

State: CA

House

☐

Senate

☐

President

District: 11

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Calendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

7622.40

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

17606.90